

IMMUNIZATION UPDATE

News & Summaries

New release of IRIS approaches!

IRIS re-enrollment began in January and the majority of IRIS organizations have re-enrolled! IDPH staff is contacting health care providers that haven't re-enrolled to confirm their intent to use IRIS. **Failure to complete the re-enrollment forms may result in terminated access to IRIS.** IRIS Enrollment forms are available on the IRIS [website](#) and at the following links:

- [IRIS Authorized Individual User Agreement](#) 
- [IRIS Authorized Site Agreement-Organization](#) 
- [IRIS Confidentiality Policy](#) 

IRIS Training: Implementation of the new version of IRIS is scheduled for June 4, 2012. Multiple options for IRIS training will be available, including classroom trainings, live or pre-recorded webinars, and videos. The first classroom training is scheduled for mid-April with trainings to continue through June. Additional trainings will be scheduled and offered after implementation. A complete IRIS training brochure will soon be available with dates, locations, and details to register. When available, the brochure will be sent to the IRIS distribution list as well as posted to the IRIS [website](#).

The Immunization Program has two dedicated trainers from Hewlett Packard Enterprise Services (HPES) available to conduct IRIS trainings. Please welcome Joey Zehner and Nanette Plano to the Immunization Program! They will be available to conduct IRIS training and respond to help desk questions.

The new version of IRIS will include training videos which will be accessible directly in the application. Topics of the IRIS training videos will include:

Accessing IRIS	VFC vaccine ordering
Managing patients	Data exchange high-level overview
Adding immunizations	Generating advanced reports
Understanding the history/recommend feature	Generating ad-hoc reports
Generating patient-specific reports	School users of IRIS
Mass entry	Iowa Medical Countermeasures
Vaccine inventory	Data exchange

IRIS Testing: HPES staff is currently testing the new version of IRIS which includes Iowa enhancements. Within the next month, IDPH staff will receive the application and begin testing.

Iowa Receives Adult Immunization Coverage Award

This year, CDC presented awards for adult immunization coverage at the Immunization Program Managers Meeting. Data from the Behavioral Risk Factor Surveillance System (BRFSS) interviews conducted from January 2011 through June 2011 was used to calculate vaccination rates for influenza and pneumococcal vaccines. Iowa was recognized for the second highest coverage for influenza among adults at 49.7%. The Immunization Program accepted the award on behalf of Iowa healthcare providers whose work at the local level achieved this vaccination rate. Thank you for your work in promoting the importance of immunizations and implementing strategies to help Iowa achieve and maintain high vaccination levels.

Vaccine Highlight

Hib Vaccine Booster Dose

A Hib vaccine booster dose is routinely recommended at age 12-15 months as part of the Advisory Committee on Immunization Practices (ACIP) childhood immunization schedule. If a child has not received a booster dose of vaccine and is younger than 5 years of age, the standard of care is to give one dose of Hib vaccine. Iowa's immunization law reflects this recommendation. Children, enrolled in a licensed child care center, referred to their health care provider for a Hib booster should be given one dose, unless there is documentation of one dose of vaccine after 12 months of age.

Detailed Vaccination Schedule for *Haemophilus influenzae* type b Conjugate Vaccines

Vaccine	Age at 1st Dose (months)	Primary Series	Booster
PRP-T [†] (ActHIB)	2-6	3 doses, 2 months apart	12-15 months*
	7-11	2 doses, 2 months apart	12-15 months*
	12-14	1 dose	2 months later
	15-59	1 dose	—
PRP-OMP (PedvaxHIB)	2-6	2 doses, 2 months apart	12-15 months*
	7-11	2 doses, 2 months apart	12-15 months*
	12-14	1 dose	2 months later
	15-59	1 dose	—

[†] Hiberix brand PRP-T vaccine is approved only for the last dose of the Hib series among children 12 months of age and older

* At least 2 months after previous dose

Children with Completed PCV7 Series Still Need PCV13

Children who have completed the PCV7 vaccine series (4 doses of PCV7 or other age-appropriate complete PCV7 schedule) should receive a single dose of PCV13, 2 months following the prior dose of vaccine and should be given before 59 months of age. The recommended regimen for Pneumococcal Conjugate Vaccine is available on the Immunization web page or by following the link [here](#).

The Morbidity and Mortality Weekly Report (MMWR), Licensure of a 13-Valent Pneumococcal Conjugate Vaccine (PCV13) and Recommendations for Use Among Children, Advisory Committee on Immunization Practices (ACIP), 2010 is available at http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5909a2.htm?s_cid=mm5909a2_e.

MENVEO

The indication for MENVEO (Meningococcal groups A, C, Y and W-135) Oligosaccharide Diphtheria CRM197 Conjugate Vaccine) MCV4-CRM manufactured by NOVARTIS changed in January 2011. The complete Updated Recommendations for use of Meningococcal Conjugate Vaccines, January 28, 2011 / 60(03);72-76 are available at:

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6003a3.htm?s_cid=mm6003a3_e

MENVEO vaccine is indicated for active immunization to prevent invasive meningococcal disease caused by *Neisseria meningitidis* serogroups A, C, Y and W-135. Menveo is approved for use in persons 2 through 55 years of age.

MENVEO is supplied in two vials that must be combined prior to administration: reconstitute the MenA lyophilized conjugate vaccine component with the MenCYW-135 liquid conjugate diluent component immediately before administration. Do not mix MENVEO or any of its components with any other vaccine or diluent in the same syringe or vial.

MENVEO Lot Numbers and Expiration Dates:

A new lot number sequence was initiated and began shipping in December 2010. This numbering sequence has each component vial and the MENVEO carton/package having the same number, differing only by a prefix letter as follows:

- The letter M precedes the number on the Menveo carton
- The letter A precedes the number on the MenA lyophilized component
- The letter X precedes the number on the vial containing MenCWY-135 liquid conjugate component

Prior to the new lot number sequence a specific lot number and expiration date was assigned to the carton and each of the component vials. The expiration date on the carton is the earlier of the expiration date on the individual vials. There is still vaccine in circulation with this numbering sequence due to the 36 month shelf life.

Regardless of the lot numbering sequence for MENVEO vaccine, the lot number and expiration date displayed on the MENVEO carton should be used for documentation

Storage and Handling: Store refrigerated at 35-46°F (2 to 8°C), protect from light.

Package Insert: https://www.novartisvaccinesdirect.com/PDF/Menveo_Full_Promotional_PI.pdf



Mark your calendars: National Infant Immunization Week is April 21-28, 2012. This year, CDC will be launching new childhood immunization resources for programs and partners, highlighting **Provider Resources for Vaccine Conversations with Parents**, and recognizing the recipients of the inaugural CDC Childhood Immunization Champion Award. NIIW is an annual observance that highlights the importance of protecting infants from vaccine-preventable diseases and celebrates the achievements of immunization programs and their partners in promoting healthy communities.

Plan to celebrate National Infant Immunization Week in your clinic, hospital or health department. The following CDC web page will soon display resources and ideas for how to promote this important week in your community.

<http://www.cdc.gov/vaccines/events/niiw/overview.html>

Save the Date!

2012 Vaccine University

Sponsored by the Iowa Department of Public Health Immunization Program

A complete Vaccine University training brochure will soon be available with dates, locations, and details to register. When available, the brochure will be sent to the Immunization and VFC distribution list serve as well as posted to the Immunization [website](#). Training topics will include:

- Vaccine 101
- Vaccines for Children Program Updates
- Storage and Handling
- School and Childcare Vaccination Requirements

Week of Oct 22-26

October 23 – Creston – Greater Regional Medical Center

October 25 – Sioux City – St. Luke's Regional Medical Center

October 26 – Mason City – Mercy Medical Center

Week of Oct 29-Nov 2

October 30 – Decorah – Winneshiek County Memorial Hospital

November 2 – Marengo – Marengo Memorial Hospital

Week of Nov 5-9

November 5 – Ottumwa – Ottumwa Regional Health Center

November 8 – Spencer – Spencer Hospital

November 9 – Council Bluffs – Alegent Health Mercy Hospital

Week of Nov 12-16

November 14 – Des Moines – Iowa Methodist Medical Center

November 16 – Dubuque – Mercy Medical Center

Vaccines for Children Program (VFC)

Don't Be Guilty of These Errors in VFC Administration

The Immunization Program is required by the Centers for Disease Control and Prevention (CDC) to conduct VFC Program quality assurance reviews at participating provider sites. Quality assurance reviews are conducted by Immunization Program Field Staff and involves review and assessment of VFC policies and requirements.

The following are some of the most commonly reported errors during VFC Quality Assurance Reviews. Be sure your clinic or practice is not making these errors:

- Error #1: Charging an administration fee above the state fee cap (\$14.58 per vaccine)
- Error #2: Not screening patients for VFC eligibility at every immunization visit
- Error #3: Not providing the most current VIS for each vaccine administered
- Error #4: Not using certified and calibrated thermometers to monitor vaccine storage units
- Error #5: Not having a "Do Not Disconnect" sign on the storage unit(s) circuit breaker

For complete information on the VFC Program policies and requirements please visit the VFC web page at <http://www.idph.state.ia.us/ImmTB/immunization.aspx?prog=Imm&pg=Vfc>.

Vaccine Storage and Handling

There are few immunization issues more important than the appropriate storage and handling of vaccines. The success of efforts against vaccine-preventable diseases is attributable in part to proper storage and handling of vaccines.

Vaccines exposed to temperatures outside the recommended ranges can result in reduced potency and protection. Storage and handling errors can cost thousands of dollars in wasted vaccine and revaccination.

Each clinic should develop and maintain a written vaccine storage and handling plan. The plan should be kept near the vaccine storage equipment and readily available to staff. The office manager should ensure all staff are provided with adequate training, understand the plan and at a minimum annually exercise the plan procedures to make certain it is workable and updated.

Vaccine storage and handling plans should include 2 components, routine vaccine management and emergency vaccine retrieval and storage process.

Develop and maintain a written **routine** plan for:

- Ordering and receiving vaccine deliveries;
- Storing and handling vaccines;
- Managing inventory; and
- Managing potentially compromised vaccines

Develop and maintain **emergency** vaccine retrieval and storage plan:

- Backup storage location with appropriate storage units, temperature monitoring capability, and backup generator
- Adequate coolers and packing materials to transport vaccine

A vaccine storage and handling plan template is available at

<http://www.idph.state.ia.us/ImmTB/Immunization.aspx?prog=Imm&pg=Handling>.

2011 Immunization Annual Report

The 2011 Immunization Program Annual Report is now available. The report provides a summary of the activities and achievements of the Immunization Program and Iowa health care providers during the 2011 calendar year. The report includes sections on Funding, Special Projects, Immunization Registry Information System (IRIS), Vaccines for Children Program (VFC), Perinatal Hepatitis B, and Immunization Assessments. The report serves as an informational resource for stakeholders, local partners, policy makers and the general public.

Click [here](#) to view the full report.

Question Corner

Q. Would you please provide details about the new ACIP recommendations for the use of hepatitis B vaccine in adult diabetic patients?

A. In December 2011, CDC published new ACIP recommendations that hepatitis B vaccine be given to adults with diabetes, (Type 1 insulin dependent and Type 2 insulin-resistant). The vaccine series is recommended for unvaccinated adults with diabetes age 59 years and younger. At the discretion of the treating clinician, the vaccine may also be administered to unvaccinated adults with diabetes age 60 years and older.

The recommendations were prompted by a number of outbreaks of hepatitis B virus infection in settings that provide assisted blood glucose monitoring for people with diabetes.

Administration of the hepatitis B vaccine series should be completed as soon as feasible after diabetes is diagnosed. No serologic testing or additional hepatitis B vaccination is recommended for adults who received a complete series of hepatitis B vaccinations at any time in the past.

Hepatitis B vaccine may be administered during healthcare visits scheduled for other purposes, as long as minimum intervals between doses are observed. No maximum interval between doses exists that would make the hepatitis B vaccination series ineffective or require restarting the series.

Q. If a teen or adult mistakenly received a dose of Td when they should have received Tdap, what is the optimal time to give the missing Tdap dose?

A. As soon as possible, even if it is the same day.

Q: Please describe the new recommendations for the use of HPV4 vaccine in males and explain how these new recommendations differ from the previous ones.

A: ACIP recommends routine vaccination of males age 11–12 years with HPV4 (Gardasil, Merck) administered as a 3-dose series. The vaccination series can be started beginning at age 9 years. Vaccination with HPV4 is recommended for males age 13 through 21 years who have not been vaccinated previously or who have not completed the 3-dose series. Males age 22 through 26 years may be vaccinated with HPV4.

ACIP recommends that immunocompromised males who have not been vaccinated previously or who have not completed the 3-dose series receive routine vaccination with HPV4 through age 26 years.

Men who have sex with men (MSM) are at higher risk for infection with HPV types 6, 11, 16, and 18 and associated conditions, including genital warts and anal cancer. ACIP recommends that MSM who have not been vaccinated previously or who have not completed the 3-dose series receive routine vaccination with HPV4 through age 26 years.

Previously, ACIP had issued permissive recommendations for HPV4 use in males age 9-26 years for the prevention of genital warts.

To obtain a copy of the new recommendations, see [Recommendations on the Use of Quadrivalent Human Papillomavirus Vaccine in Males — Advisory Committee on Immunization Practices \(ACIP\), 2011.](#)

Immunization Resources

Iowa Department of Public Health, Immunization Bureau Email Lists

The Iowa Immunization Program has several email lists serves available to help health care providers receive important and timely immunization related information. Providers can send a blank email to the addresses below to receive updates directly in their inbox!

- VFC List: join-VFC@lists.ia.gov
- Immunization Program List: join-IMMUNIZATION@lists.ia.gov
- IRIS List: join-IRISUSERS@lists.ia.gov

CDC Immunization Publications: Please visit the [NCIRD publications order form](#) for the latest immunization publications. Copies of the 2011 *Immunization Update* DVD, the 2011 *Parents Guide to Childhood Immunizations*, the 2011 *Immunization Works* CD, and other items are now available for ordering.

IDPH Staff Changes

We are happy to announce that Bethany Kintigh RN, BSN has accepted the role of Immunization Program Manager. Bethany will continue to coordinate the Perinatal Hepatitis B and Adult Programs as well as provide oversight and coordination of Immunization Program activities. Bethany can be reached at Bethany.Kintigh@idph.iowa.gov or 515-281-7228.